



**REPUBLIC OF SAN MARINO
CIVIL AVIATION AUTHORITY**

TEL: +378 (0549) 941539 | FAX: +378 (0549) 970525 | EMAIL: registration@smar.aero

FORMAL APPLICATION FOR AIR OPERATOR CERTIFICATE

A vertical line in the margin indicates an amendment to the previous version.

1. APPLICANT DETAILS (Owner or Operator)			
Company Name:		Trading name:	
Telephone No.:		Email:	
2. PRINCIPAL PLACE OF BUSINESS IN SAN MARINO			
Address:			
Telephone No.:		Email:	
3. PROPOSED KEY PERSONNEL MANAGEMENT			
Name	Title	Contact Numbers	
	Accountable Manager		
	Flight Operations Postholder		
	Continuing Airworthiness Postholder		
	Crew Training Postholder		
	Ground Operations Postholder		
	Quality Manager		
	Safety Manager		
4. PROPOSALS (use other side for additional information if required)			
Start-up Date:			
Maintenance:	<input type="checkbox"/> Operator AMO <input type="checkbox"/> Outsourced AMO <input type="checkbox"/> Other, specify		
Category of Aircraft:	<input type="checkbox"/> Aeroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Other, specify		
Aircraft Designation Type:	1.	2.	3.
Requested Registration:	T7-	T7-	T7-
Type of Operation:	<input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Scheduled operations <input type="checkbox"/> Charter operations		
Specific Approvals:	<input type="checkbox"/> RVSM <input type="checkbox"/> EDTO <input type="checkbox"/> NAT HLA <input type="checkbox"/> EFB <input type="checkbox"/> AWO		
Geographic areas/routes:			
5. APPLICANTS DECLARATION			
I hereby apply for the grant of an Air Operating Certificate and declare that, to the best of my knowledge and belief, the particulars given in this application are true in every respect.			
Date:		Position in Company:	
Name of Applicant:		Signature of Applicant:	